

Meeting Notes
Framework for Payment Subcommittee Meeting
November 9, 2011

Members present- **Paula Block**, CHC-Montana Primary Care Association; **Dr. Doug Carr**, Billings Clinic; **Dr. Paul Cook**, Rocky Mountain Health Network; **Dr. Janice Gomersall**, Montana Academy of Family Physicians; **Dr. Jonathan Griffin**, St. Peter's Medical Group; **Dr. Jay Larson**, Independent Provider; **Dr. Fred Olson**, BCBS MT; **Bill Pfingsten**, Bozeman Deaconess Health Group; **Dr. Tom Roberts**, Western Montana Clinic; **Dr. Bob Shepard**, New West Health Services

Interested Parties present- **Rob Stenger**, Grant Creek Family Practice, St. Patrick's Hospital; **Kris Juliar**, Montana Office of Rural Health; Nancy Wikle, DPHHS Medicaid; **Janice Mackenson**, Mountain Pacific Quality Health; Cindy Stergar, Butte Silver Bow Primary Health Care Clinic

CSI staff present- Christine Kaufmann, Amanda Roccabruna Eby

The meeting was called to order by Chairman, Dr. Doug Carr at 2:20pm.

1. Review notes from last meeting

No comments, they were approved to be submitted to the advisory council.

2. Update on CMS Comprehensive Primary Care Initiative LOI Process

Dr. Larson reported on a conversation with an acquaintance who is now working with CMS. Initially, CMS is attempting to see what kind of commercial interest there is in medical home participation. The next phase, in January, they will determine what insurance companies are going to do, but nothing is binding. A technology platform does not need to already be in place in order to get chosen for the initiative, but CMS will look favorably on applicants that already have one.

EBMS and BCBS have submitted their LOI. A letter of intent for both Medicaid and CHIP has been drafted for approval by the Medicaid director on Monday 11/14.

Conversations are underway between Dr. Shepard and representatives of MUST to inform them of the initiative process.

There was no confirmation that Allegiance has submitted an LOI. Although New West was initially interested, now there is some hesitation based on in-house resources to fulfill the obligations.

3. Review Draft Framework

The group suggested and agreed on many changes to be made to the document.

Not all issues related to the Quality Payment were resolved. There was discussion about the need for quality to be based on population health measures, not simply one payer's policyholders. CMS will look at the entire state's shared savings and distribute it based on population to the participating providers. Members stressed that medical home is about transforming the culture of entire practices and increasing the health of entire populations.

4. Discuss next steps and timeline

Dr. Carr offered to gather the comments and compose a new revised version to be reviewed by the committee for further suggestions. [Click here](#) to view his latest version of the draft framework for payment.

CSI staff was asked to obtain an opinion from legal staff about whether we can develop a standardized payer-provider agreement.

The details of the timeline and draft work plan will be discussed in the next full council meeting.

5. Next meeting

November 30, 1:15 pm [to follow Quality Metrics that is starting at 1:00 PM and should be brief.]